



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE O	Inspection Date:		ESTABLISHMENT NAME:	
Regular	✓		12/19/17		MARIA ARTERO CATHOLIC PRESCHOOL & KINDER	
Follow-Up			Time In/Out:		OWNER/OPERATOR:	
Complaint			2:30 PM 3:50 PM		MARIA ARTERO CATHOLIC PRE-SCH. & KINDER	
Investigation			RATING		LOCATION: 1614 SUNSET DR. Establishment Type:	
Other:		A	Sanitary Permit No.:		AGANA HEIGHTS CCC / NURSERY	
			20000-170000715		PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired	
No. of Children: 12 Male 12 Female 24 Total			Child Care License No.: 150073 / ✓ Valid / / Provisional / / Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title): A. Anothia Caddy, MNP A. Quato Caddy

DEH Inspector (Name & Title):

J. GARCIA EPHO